

Entered - 02-11-99 - sb
CL 99L0085 - GWENDOLYN BURNS

CLAIM OF: **FELIX ANENUWA**
2891 Springdale Road, M-5
Atlanta, Georgia 30315

01- R -1235

For vehicular damages alleged to have been sustained as a result of a sanitary sewer construction site in the roadway that was left in an open and unsafe condition on February 5, 1999 at Northside Drive SW & Mitchell Street, SW.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **FELIX ANENUWA** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a sanitary sewer construction site in the roadway that was left in an open and unsafe condition on February 5, 1999 at Northside Drive SW & Mitchell Street, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0085

Date: August 1, 2001

Claimant /Victim FELIX ANENUWA
BY: (Atty) (Ins. Co.) _____
Address: 2891 Springdale Road, M-5, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 1,628.35 Bodily Injury \$ _____
Date of Notice: 2/11/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/5/99 Place: Northside Drive, SW & Mitchell Street, SW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when he drove through a sanitary sewer construction cut in the roadway that was not properly covered and left in an unsafe condition.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

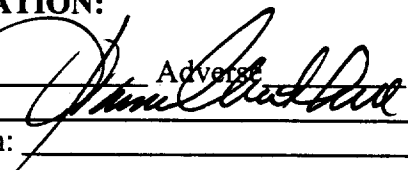
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

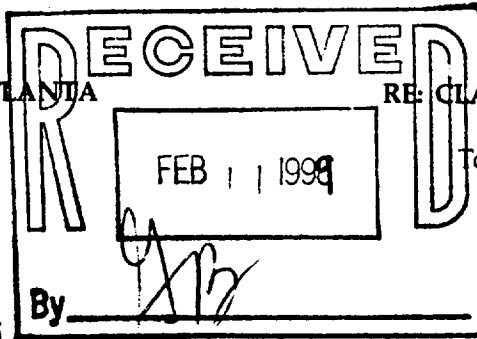
Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 08-02-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 2/11/99

ENTERED - 2-16-99 - SB
99L0085 - GWEN BURNS

BURNS
02/11/99
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2/5/99 (month/day/year) 2. Time of Incident: 9:00 PM 3. Police called: Yes No
4. Location of incident (including street address): NORTH SIDE DR / MITCHELL
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: I WAS TRAVELLING NORTH OF NORTHSIDE DR WITH MY FRIEND AND BUMPED INTO A BIG HOLE THAT DAMAGED MY CAR.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: OLDSMOBILE '84 573 M/KM FELIX AVENUWA
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

FELIX AVENUWA
(Print Claimant's Name)
2891 SPRINGDALE RD M-5
(Address)
ATL GA 30315
(City, State and Zip Code)
(770) 952-4109 1404) 209-7679
(Work Number) (Home Number)

01-R-1235

559-8236